

<b>Case Number:</b>	CM14-0178506		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	05/05/1999
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old male with a 5/5/1999 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 9/4/14 noted subjective complaints of low back and neck pain with radicular symptoms. Objective findings included bilateral cervical and lumbar paraspinal tenderness. There are numerous trigger points which are palpable and tender throughout the cervical paraspinal muscles, trapezius, and lumbar paraspinals. EMG of the lower extremities on 4/29/14 showed chronic bilateral L5 radiculopathy. Diagnostic Impression: Lumbar post-laminectomy syndrome and bilateral lower extremity radiculopathy. Treatment to Date: medication management, lumbar ESI, and prior trigger point injections. A Utilization Review (UR) decision dated 9/26/14 denied the request for the retrospective request for 4 trigger point injections. The patient had continued benefit from his prescribed medications, but the guidelines require failure of certain medications prior to trigger point injections. The patient has been receiving trigger point injections for several years, and recent notes have not clearly documented improvement gained from them.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for four (4) trigger point injections on 9/4/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

**Decision rationale:** MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, in the documents available for review, there is no documentation of any twitch response to palpation of trigger points. Additionally, the patient had an EMG in 4/14 demonstrating lumbar radiculopathy as well as subjective complaints consistent with persistent radiculopathy. Guidelines do not support the use of trigger point injections when radiculopathy is present. Furthermore, there is no clear documentation of objective functional improvement derived from prior trigger point injections. Therefore, the retrospective request for four (4) trigger point injections on 9/4/14 was not medically necessary.